

SUPREME COURT OF THE STATE OF NEW YORK, COUNTY OF NEW YORK

INDIVIDUAL ASSIGNMENT PART [OR JUSTICE] AS PART 17, EMILY GOODMAN

Yu-Liang Lei

Index No.

104507/08

DCM Track

STANDARD

Plaintiff(s),

- against -

CIRCUIT CITY STORES, INC., WHITESTONE
DEVELOPMENT PARTNERS, L.P. and THE
RELATED COMPANIES, L.P.

Defendant(s).

PRELIMINARY CONFERENCE
ORDER(202.8, 202.12 and 202.19
of the Uniform Rules)

APPEARANCES

Plaintiff(s): Yu-Liang Lei, Sackstein, Sackstein & Lee

Defendant(s): Relased Precedent by Law Office of Edward Marshall by Christopher H. Kelly
Rents, Rents & Branch by Jonathan Gold (Circuit City)

It is hereby ORDERED that disclosure shall proceed as follows:

(1) Insurance Coverage: If not already provided, shall be furnished by DEFENDANTS on or before 12/5/08.

(2) Bill of Particulars:

- (a) Demand for a bill of particulars shall be served by _____ on or before _____
 (b) Bill of particulars shall be served by _____ on or before _____
 (c) A supplemental bill of particulars shall be served by _____ as to items
 _____ on or before _____.

(3) Medical Reports and Authorizations:

Shall be served as follows: AT'S FOR ALL RELATED MEDICAL TREATMENT, HOSPITALS,
 MRK'S FILMS WIN 30 TO 45 DAYS. TO THE EXTENT NOT
 PROVIDED.

(4) Physical Examination:

- (a) Examination of PLAINTIFF shall be held
 WIN 45 DAYS OF COMPLETION OF HIS DEPOSITION.

(b) A copy of the physician's report shall be furnished to plaintiff within 45 days of the examination.

(5) Depositions: Depositions of Plaintiff(s) Defendant(s) All Parties shall be held
 ON OR BEFORE FEBRUARY 6, 2009.

(6) Other Disclosure:

- (a) All parties, on or before 12/5/08, shall exchange names and addresses of all eye
 witnesses and notice witnesses, statements of opposing parties, and photographs, or, if none, provide an affirmation
 to that effect.
- (b) Authorization for plaintiff(s)' employment records for the period 2 yrs prior to present,
 shall be furnished on or before 12/5/08.
- (c) Demand for discovery and inspection shall be served by _____
 on or before _____. The items sought shall be produced to the extent not
 objected to, and objections, if any, shall be stated on or before _____.
 (d) Other [interrogatories, etc.] _____

Case Name: LEI v. CIRCUIT CITY et al Index No: 1045071D8

PC ORDER - Page 2

(7) End Date for All Disclosure:

MAY 8, 2009

(8) Impleader: Shall be completed on or before WITHIN 45 DAYS AFTER THE COMPLETION OF LBRs

(9) Compliance Conference: Shall be held on FEBRUARY 12, 2009 @ 10:30 am

(10) Motions: Any dispositive motion(s) shall be made on or before WITHIN 45 DAYS AFTER THE FILING OF

(11) Note of Issue: PLAINTIFF shall file a note of issue/certificate of readiness on or before MAY 15, 2009

A copy of this order, an affirmation stating that the terms of the order have been complied with, and an affidavit of service of the affirmation and note of issue shall be served and filed with the note of issue on or before said date.

FAILURE TO COMPLY WITH ANY OF THESE DIRECTIVES MAY RESULT IN THE IMPOSITION OF COSTS OR SANCTIONS OR OTHER ACTION AUTHORIZED BY LAW.

SO ORDERED:

Dated:

J.S.C.

ADDITIONAL DIRECTIVES

In addition to the directives set forth above, it is further ORDERED as follows:

NO ADJOURNMENTS WITHOUT PRIOR WRITTEN COURT CONSENT AND FOR GOOD CAUSE ONLY. TO SEEK AN ADJOURNMENT EMAIL LAW CLERK, ANDREA TILLI, AT OFFICE@COURTS.STATE.NY.US COPY TO ALL PARTIES. INITIAL IF ADJOURNMENT IS ON CONSENT.

Dated:

SO ORDERED:

J.S.C.

EMILY JANE GOODMAN

**FACE SHEET**

PATIENT	ACCOUNT NUMBER 395350903		MEDICAL RECORD NUMBER 780049			ADMIT DATE & TIME 11/23/2007 11:30		BAR CODE-MEDICAL RECORD NUMBER 			
	LOCATION 0042 4512		FIN. CLASS 22	SOURCE 1	TYPE I	DISCHARGE DATE & TIME		BAR CODE-ACCOUNT NUMBER 			
	LAST NAME LEI			FIRST NAME YULIANG			M.I.	AKA	VETERAN N		
	DATE OF BIRTH 08/29/1959		AGE 48Y	SEX M	REL. NO	MAR ST. U	PLACE OF BIRTH KOREAN	LANGUAGE KORE	INTERPRETER NEEDED N		
	ADDRESS 136 10 LATIMER PLACE			CITY FLUSHING			STATE NY	ZIP 11354			
	TELEPHONE NUMBER (718)539-7038			OCCUPATION			SOCIAL SECURITY NUMBER ***-*-*-*				
	EMPLOYER NAME UNKNOWN			ADDRESS			CITY	STATE	ZIP	TELEPHONE NUMBER	
	NEXT OF KIN UNKNOWN, UNKNOWN			RELATIONSHIP 09	ADDRESS			CITY	STATE	ZIP	TELEPHONE NUMBER (999)999-9999
	EMERGENCY CONTACT NAME UNKNOWN, UNKNOWN			RELATIONSHIP 09	ADDRESS			TELEPHONE NUMBER (999)999-9999			
	MEDICAL	ATTENDING PHYSICIAN / CODE SHIM, JOSEPH Y			PVT./SERV. P	OTHER PHYSICIAN / CODE ,			MEDICAL SERVICE SUR		
ADMITTING DIAGNOSIS FX ANKLE NOS-CLOSED					ICD-9-CM CODE 824.8						
ADMITTING PHYSICIAN / CODE SHIM, JOSEPH Y			79277		NEWBORN WEIGHT	RESERVATION DATE & TIME			TEAM COLOR		
GUARANTOR	GUARANTOR NAME LEI, YULIANG			RELATIONSHIP 01		OCCUPATION		SOCIAL SECURITY NUMBER ***-*-*-*			
	ADDRESS 136 10 LATIMER PLACE			CITY FLUSHING	STATE NY	ZIP 11354	TELEPHONE NUMBER (718)539-7038				
	EMPLOYER UNKNOWN			ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER			
INSURANCE	PLAN CODE / PRIMARY INSURANCE WELC WELLCARE HMO MEDICAID			POLICY NUMBER SZ03095W			SEQ. / GROUP #	AUTHORIZATION NUMBER			
	ADDRESS PO BOX 271000			CITY TAMPA			STATE FL	ZIP 33688	TELEPHONE NUMBER (800)288-5441		
	SUBSCRIBERS NAME LEI, YULIANG			RELATIONSHIP CD 01	DATE OF BIRTH 08/29/1959			SOCIAL SECURITY NUMBER ***-*-*-*			
	SECONDARY CARRIER MGME MEDICAID GME			POLICY NUMBER SZ03095W			SEQ. / GROUP #	AUTHORIZATION NUMBER			
	ADDRESS CSC HEALTHCARE SYSTEMS			CITY ALBANY			STATE NY	ZIP 12204	TELEPHONE NUMBER (800)522-1892		
	SUBSCRIBERS NAME LEI, YULIANG			RELATIONSHIP CD 01	DATE OF BIRTH 08/29/1959			SOCIAL SECURITY NUMBER ***-*-*-*			
	TERTIARY CARRIER			POLICY NUMBER			SEQ. / GROUP #	AUTHORIZATION NUMBER			
	ADDRESS			CITY	STATE	ZIP	TELEPHONE NUMBER				
	SUBSCRIBERS NAME			RELATIONSHIP CD	DATE OF BIRTH			SOCIAL SECURITY NUMBER			
	DATE OF PREVIOUS HOSPITAL ADMISSION			FACILITY NAME UNSPECIFIED			ADMITTED BY dseeram				


**FLUSHING HOSPITAL
MEDICAL CENTER**

45th Avenue at Parsons Blvd. Flushing, NY 11355

CHART COPY

LEI, YULIANG

780049 M DOB: 08/29/1959 48Y

ADM: 11/23/2007 081X

STAFF, PHYSICIAN

01 395350903

TIME SEEN BY M.D. 6:30 AM ALLERGIES NKDA.

FAMILY
SOCIAL
HISTORY
PAST MEDICAL *None.*
He was trampled while trying to shop, twisted (L) ankle, Pt brought in by ambulance.

SYSTEM REVIEW: All other systems negative Nursing Notes Reviewed & agree
 Fever Resp Neuro
 Weight Loss GI Psych
 Eyes GU Endo
 ENT Musculoskeletal Hema/Lymph Complete history not obtainable
 Cardio Skin 107/61 R 20 HR 72 due to treatment urgency

PHYSICAL EXAM (Orientation/Appearance) *NKA.*

Head NC/AT Eyes PERRLA
 ENT 9/10 vision Neck Supple
 Chest B/c CTIA Heart S.5x
 Abd (F)BS soft Back extens.
 Ext (F)pulse pulse extens.
motor 5/5
swollen (L) ankle & bony
abnormality (F)pulses.

NOTIFICATION OF PATIENT'S M.D. TIME TIME

FINAL DIAGNOSIS	Ankle Fracture		
SIGNATURE	PRINT NAME	I WAS PRESENT FOR KEY PORTION OF:	Y N Y N Y N
Chapala & OOC		History Exam Procedure	Y N Y N Y N

TREATMENT / PROCEDURE / RESPONSE TO THERAPY

*Ortho: called @ 7am.**See Dr. Chan tot/ur @ 7am.*

#138

				X-RAY READING	Computerized Instructions Given - Type:	
<input type="checkbox"/> CBC	<input type="checkbox"/> SMA	<input type="checkbox"/> LABS	<input type="checkbox"/> URINALYSIS	<input type="checkbox"/> By. E.D. M.D.		
WBC 8.1	NA+ 1433	ALP 189	Sp. Gr.	<input type="checkbox"/> By Radiologist		
HCT 44%	K+ 7.5	AST 11	pH			
HGB 13.2	Cl 7.9	Mg++	Protein			
SEGS 14%	CO ₂ 22	Amylase	Glucose			
BANDS Glucose 99	CK-MB		Ketone			
LYMPHES BUN 11	PT 14.1		Blood			
MONOS Creatine 10	PTT 34		WBC / HPF			
EOS / BASOS BILIRUBIN 1.0	ESR 100		RBC / HPF			
METAS Alb 30	WBC 10.2		Epith.			
PLATELETS 111	UCG 100		Cast / LPF			
	PO, BHCG		Bacteria			

*(L) ankle
Bi-Maleolar
displaced
Fracture*

DISPOSITION OF PATIENT	DISCHARGE TIME	CONDITION ON DISCHARGE	ADMIT	TRANSFER	
				Good / Improved	AMA
	• AM		Dr. _____	Walked Out	
	• PM		Room No. X51		Time: 10:30 AM
					□ See Transfer Sheet Time:



LEI, YULIANG
780049 M DOB: 08/29/1959 48Y
ADM: 11/23/2007 081X
STAFF PHYSICIAN 01 395350903

INTERDISCIPLINARY PATIENT HISTORY,
ASSESSMENT AND INITIAL PLAN

16. MEDICAL HISTORY

Chief Complaint

Pain L ankle since trampled w crowd

MD/PA/NP

History of Present Illness

Hopping "Black Friday"

NO PROL SY

17. PAST SURGICAL HISTORY

DATE

TYPE OF OPERATION

REASON

MD/PA/NP

Doris

18. PAST MEDICAL HISTORY

CARDIAC

MI (Dates: _____)

- Angina: Stable Unstable CHF
 Arrhythmia _____ Murmur
 CABG Other:

VASCULAR

HTN (x _____ yrs) CVA: Describe: _____
 TIA Claudication/Rest pain R L
of Blocks: Other:

NEUROMUSCULAR

Seizures Type _____
Last Episode _____

Arthritis Location _____ Disc Disease
Level _____ Other:

Transfusions: Yes No
If YES, what year:

PULMONARY

Asthma: Last attack: _____

Steroids: Yes No

COPD TB Hx of Intubation: Yes No
Other:

ENDOCRINE

DM (x _____ yrs) Type I Type II Thyroid ↓ ↑ Other:

GI

Ulcers Gastritis Hiatus Hernia
 Hepatitis Other:

HEMATOLOGY

Anemia Leukemia Sickle Cell Disease
 Trait Other:

OTHERS:



LEI, YULIANG
780049 M DOB: 08/29/1959
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48Y

INTERDISCIPLINARY PATIENT HISTORY,
ASSESSMENT AND INITIAL PLAN

19. REVIEW OF SYSTEMS

MD / NP / PA

No	Yes	Describe any Pertinent Positives and Negatives	
<input type="checkbox"/>	<input type="checkbox"/>	General Symptoms	
<input type="checkbox"/>	<input type="checkbox"/>	Any Sign of Infection?	
<input type="checkbox"/>	<input type="checkbox"/>	HEENT	
<input type="checkbox"/>	<input type="checkbox"/>	Neck	
<input type="checkbox"/>	<input type="checkbox"/>	Breasts	
<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular	
<input type="checkbox"/>	<input type="checkbox"/>	Peripheral Vascular	
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	
<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal	
<input type="checkbox"/>	<input type="checkbox"/>	Genito-urinary	
<input type="checkbox"/>	<input type="checkbox"/>	Sexual and Venereal Disease	
<input type="checkbox"/>	<input type="checkbox"/>	Menstrual and Obstetrical	
<input type="checkbox"/>	<input type="checkbox"/>	Neurological	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal	<i>Circle fever weekly from + to cap pearl down</i>
<input type="checkbox"/>	<input type="checkbox"/>	Endocrine	
<input type="checkbox"/>	<input type="checkbox"/>	Hematological	
<input type="checkbox"/> Please see Section 25 for Additional Information			
<input type="checkbox"/> Psychiatric/ Suicide Risk Assessment			
[For Ages 13 and above] Over the past two weeks, have you			
1.	Felt little interest or pleasure in doing things?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Felt down, depressed or hopeless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Been bothered by thoughts that you would be better off dead or hurting yourself in some way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yes to # 1 & 2, consider treatment for depression. Yes to # 3, call psych consult at x 5546 & implement suicide prevention protocol. Consult requested <input type="checkbox"/> Yes <input type="checkbox"/> No			

Comments

20. MEDICATIONS

MD / NP / PA

Drug	Dose	Frequency	Date & Time of Last Dose
------	------	-----------	--------------------------

Done



**FLUSHING HOSPITAL
MEDICAL CENTER**

LEE YULIANG
780049 M DOB: 08/29/1959
ADM: 11/23/2007 081X
STAFF, PHYSICIAN

48Y

01 395350903

**INTERDISCIPLINARY PATIENT HISTORY,
ASSESSMENT AND INITIAL PLAN**

21. ALLERGIES and ADVERSE DRUG REACTIONS

NO KNOWN ALLERGIES

ENVIRONMENTAL ALLERGIES

MD/NP/PA

	Anaphylaxis	Swelling	Rash/Hives	Others	ADRs
<input type="checkbox"/> RCN <input type="checkbox"/> Sulfa					
Other Medications					
Food					
Others					

22. SOCIAL HISTORY

MD/NP/PA

23. FAMILY HISTORY

Tobacco None Quit: _____
 Yes Quantity ppd X _____ yrs
 ETOH None Quit: _____
 Yes Quantity _____
 Drug None Quit: _____
 Yes Drug: _____

Routine: IV Other _____
 Quantity: _____

24. VACCINATIONS

Pneumococcal _____

Influenza

Other: _____

25. PHYSICAL EXAMINATION

Vital Signs BP _____ P _____ R _____ T _____

MD/NP/PA

General Description

Skin C/D/J

HEENT Perks, EOM.

Neck F, trachea

Breasts N/A

Heart / Lungs All fields clear / + L + R Dull, - muffled

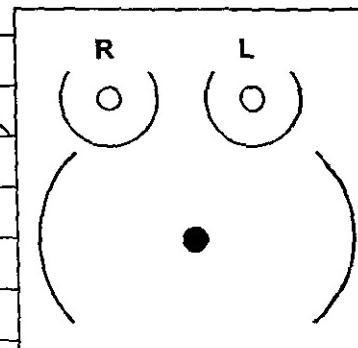
Abdomen (+) / (-) , 2 Jugs

Pelvic/Genitalia

Rectal/Prostate

Lymph Nodes

Extremities



Vascular	Carotid	Brachial	Radial	Femoral	Popliteal	DP/PT
Right						
Left						
Bruits						

Pulses: 0 = Absent 1 = Markedly Impaired 2 = Moderately Impaired 3 = Slightly Impaired 4 = Normal



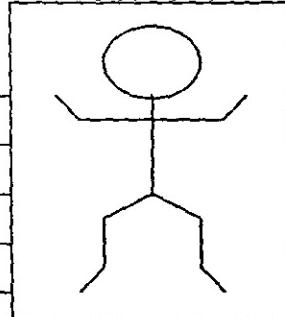
LEI, YULIANG
780049 M DOB 08/29/1959 48Y
ADM:11/23/2007 081X
STAFF, PHYSICIAN 01 395350903

TERDISCIPLINARY PATIENT HISTORY,
ASSESSMENT AND INITIAL PLAN

NEUROLOGICAL

Mental Status

A&O x3



GCS (if indicated)

Cranial Nerves

CN I - XII intact

Motor Nerves

Sensory System

26. LAB, X-RAY & EKG RESULTS

Pending

MD/NP/PA

8.7 / 15.2 /
44.3 / 73 / | 109 | 12 /
0.3 / 99 /

PT/PTT 12.4/28.3

HCG Pos

INR 1.

Neg

UA

EKG WNL ALT 264 lactate 5.2 +
92 + CXR WNL

Others (+) Thyroid screen

27. PHYSICIAN IMPRESSION and THERAPEUTIC PLAN

MD/NP/PA

48 y/o ♂ (L) B1 w/ PPHx pre op ad for x-ray today & Dr. Shum
med channel & needle
2NPO for ORIF (multiple Fractures 11/23/07)
→ NWB
→ IM med for pain pr
A/O spu apply / O/B/F pul

Consult Service: Ortho Doctor Daniel PT Beeper: 553
Requested Service: Doctor _____ Beeper: _____

28. ADDITIONAL INITIAL ASSESSMENT NOTES Sign and date each additional note

29. SIGNATURES

MD/PA/NP (PRINT)

SIGNATURE

BEEPER 138 DATE 11/23 TIME 9:00

MD/PA/NP (PRINT)

SIGNATURE

BEEPER DATE TIME

SIGNATURE

BEEPER DATE TIME

SIGNATURE

BEEPER DATE TIME

SIGNATURE

BEEPER DATE TIME



45th Avenue at Parsons Blvd., Flushing, New York 11355

LEI, YULIANG
780049 M DOB: 08/29/1959 48Y
ADM: 11/23/2007 0042 4512
SHIM, JOSEPH Y 22 395350903

SHORT STAY DISCHARGE SUMMARY

(FOR HOSPITALIZATION LESS THAN 10 DAYS)

PRESENTING ILLNESS

(L) ankle sprain/cold fx

PERTINENT HISTORY

just now (L) ankle (D)

PERTINENT PHYSICAL FINDINGS

(L) ankle c

SIGNIFICANT LAB/X-RAY/DIAGNOSTIC STUDIES

fx bracketed a (L) ankle

HOSPITAL COURSE

(L) ankle

D/c home post op day 1

PRINCIPAL DIAGNOSIS	SECONDARY DIAGNOSES	PRINCIPAL PROCEDURE	OTHER PROCEDURES
Left ankle fx		(L) ankle	
1		1	
2		2	
3		3	
4		4	

CONDITION ON DISCHARGE

DISPOSITION HOME TRANSFER: SNF AMA EXPIRED

DIET REGULAR OTHER

ACTIVITY NORMAL RESTRICTED: plus (L) E

MEDICATION If none, check

FOLLOW-UP CLINIC NAME OF CLINIC:

DATE: 11/24 PRINT: Watson SIGN: Dr. K. Shin

DATE: 11/24 PRINT: Watson SIGN: Dr. K. Shin



LEI, YULIANG

-780049 M

ADM:11/23/2007 0042 4512

SHIM, JOSEPH Y

22

489

22 395350903

DISCHARGE INSTRUCTIONS

INSTRUCTIONS HAVE BEEN GIVEN ABOUT:

- The nature of the illness Diet (specify type): _____

Activities & exercise - what to do, what not to do

Calling MD/coming to ER if symptoms develop/worsen

Smoking cessation N/A (**Quitline 1-888-609-6292; Smoking Cessation Program 1-718-670-5476**)

Weight monitoring N/A (• weigh yourself every morning same time, after emptying bladder • same scale & amount of clothing • keep a log and show to your doctor • report weight gains of 2-4 lbs. over 1-3 days)

Follow-up with: Private MD Slater Clinic _____ Other _____ When: _____

MEDICATIONS: (all drugs must be reconciled with current medications and those taken prior to admission)

PHYSICIAN'S REFERENCE ONLY
FOR PATIENTS WITH AMI/CHF

Ejection Fraction: _____

Check off those medications that are contraindicated at the time of discharge:

ACE Inhibitor ARB β blocker Aspirin

TREATMENTS/SPECIAL INSTRUCTIONS/REMARKS:

Pesticide elasticity

IMMUNIZATIONS **Pneumococcal** given contraindicated refused **Influenza** given contraindicated refused

Physician: Print Name: TAZEWELL

PHYSICIAN SIGNATURE:

Date: 11/23 Time:

I have received discharge instructions and understand the information that has been given to me.

PATIENT/RESPONSIBLE OTHER:	Signature: 	Date:	
RESPONSIBLE OTHER ONLY:	Print Name:	Relationship:	
INTERPRETER:	Print Name:	Signature:	Date:

PLEASE BRING THIS FORM TO YOUR PHYSICIAN WHEN YOU MAKE YOUR NEXT VISIT

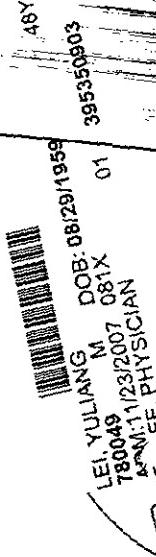
WHITE - MEDICAL RECORD

YELLOW – PATIENT'S COPY

23-NOV-2007 07:14 FLUSHING HOSPITAL #4
ID: NORMAL SINUS RHYTHM
Med: NORMAL ECG
10mm/mV
48yr Ht: Wt:
100Hz Sex: M Race:
Pgm 0078 Loc: I Room: 1

Vent. rate 77 BPM
PR interval 144 ms
QRS duration 84 ms
QT/QTC 352/393 ms
P-R-T axes 34 51 45
25mm
10mm/mV
100Hz
Pgm 0078
v205

Cart: 4
Tech:



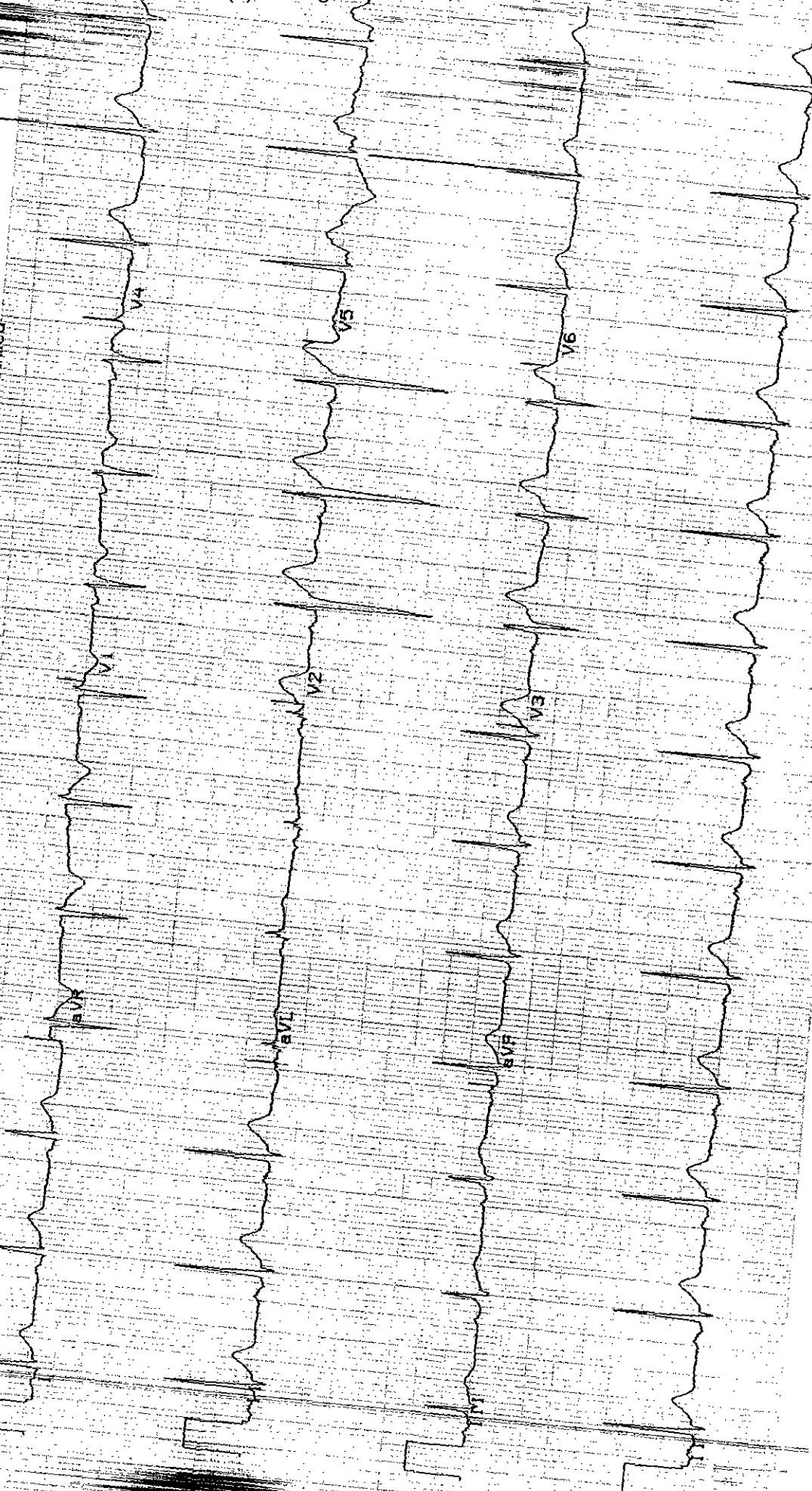
48Y

395350903

LEI YULIANG M DOB:08/29/1959
TELE:0049 1/12312007
BANK:1/12312007
FF, PHYSICIAN

Referred by:

Unconf. Ruled



FLUSHING HOSPITAL MEDICAL CTR.

45th Avenue at Parsons Blvd.

FLUSHING, NY 11355

DEPARTMENT OF RADIOLOGY

Patient Name: LEI, YULIANG DOB: 08/29/1959

MRN #: 200780049 Account Number: 2395350903

Patient Loc: BLS ambulance service

Attending MD: SHIM, JOSEPH Y Completed on: 11/23/2007

Requested by: SHIM, JOSEPH Y

Exam: DX fluoro w/rad assist/MD

ACC #: 1830396

History:**Fracture left ankle**

Fluoroscopy provided for the clinical service. Fluoroscopic time 57 seconds. Fluoroscopic spot films are available in the radiology department for review.

Impressions: See above

ALICE MD VELOUDIOS

/signed by/ALICE MD VELOUDIOS

Transcribed on: 11/26/2007 5:10 PM by Articulate Interface

Finalized on: 11/26/2007 5:10 PM by Articulate Interface

Exhibit(S) Page 14 of 26
FLUSHING HOSPITAL MEDICAL CTR.
45th Avenue at Parsons Blvd.
FLUSHING, NY 11355

DEPARTMENT OF RADIOLOGY

Patient Name: LEI, YULIANG DOB: 08/29/1959

MRN #: 200780049 Account Number: 2395350903

Patient Loc: BLS ambulance service

Attending MD: staff, physician Completed on: 11/23/2007

Requested by: STAFF, PHYSICIAN

Exam: DX ankle left 3 views

ACC #: 1829883

History:

Left ankle:

On examination, a bimalleolar fracture of the left ankle is seen. Soft tissue swelling is seen over the medial malleolus. A joint effusion is seen. Fracture of the posterior malleolus cannot be ruled out.

ER physicians are aware of this finding.

SABIHA RAOOF, M.D. /signed by/SABIHA RAOOF, M.D.
Transcribed on: 11/23/2007 8:42 AM by Articulate Interface
Finalized on: 11/23/2007 8:42 AM by Articulate Interface

Exhibit(s) Page 15 of 26
FLUSHING HOSPITAL MEDICAL CTR.
45th Avenue at Parsons Blvd.
FLUSHING, NY 11355

DEPARTMENT OF RADIOLOGY

Patient Name: LEI, YULIANG DOB: 08/29/1959

MRN #: 200780049 Account Number: 2395350903

Patient Loc: BLS ambulance service

Completed on: 11/23/2007

Attending MD: staff, physician

Requested by: STAFF, PHYSICIAN

Exam: DX chest single view

ACC #: 1829886

History:

Single frontal radiograph of the chest:

The lungs are clear. No gross infiltrates are seen. There is no evidence of pleural effusions. Cardiac silhouette is within normal limits. Visualized osseous structures are unremarkable.

SABIHA RAOOF, M.D. /signed by/SABIHA RAOOF, M.D.
Transcribed on: 11/23/2007 8:44 AM by Articulate Interface
Finalized on: 11/23/2007 8:44 AM by Articulate Interface



Patient Name: LEI, YULIANG DOB: 8/29/59 Age: 48 Sex: M
 Medical Record: 780049 Acct Number: 395350903
 Admit Date: 11/23/07 Loc: 0042 Room: 451 Bed: 2
 Date: 11/23/07 Surgeon: SHIM, JOSEPH Y., Room: FOR02

Patient In: 15:50 Patient Out: 18:02
 Anes Start: 15:50 Anes End: See anesthesia record
 Procedure Start: 16:22 Procedure End: 17:56 Procedure Mins: 94

Preop Diagnosis: FX LEFT ANKLE BIMALEOLAR FX LEFT ANKLE

Postop Diagnosis: SAME

Anes Type: GENERAL ASA Class: I Wound Class: I

Actual Procedure:

ORIF LEFT ANKLE

Time Out: 16:22 Proposed Procedure: ORIF LEFT ANKLE

Surgical Staff:

Surgeons:	SHIM, JOSEPH Y., MD	Time In:	Time Out:
Anesthesia:	BENHAMOU, SOL , MD	15:55	18:02

Residents:	YUSHUVAYEV, EDUARD , PA	Role:	Time In:	Time Out:
Circulator	HOM, ELEANOR , RN	PHYSICIAN ASSISTANT	15:50	18:02
	PARK, SOON HO, RN	CIRCULATING NURSE	15:15	16:30

Scrub:	KAVANAGH, TRACEY , RN	CIRCULATING NURSE	16:15	18:02
Other Staff/Visitors:	S. MARDAKH	SCRUB PERSON	15:25	18:02

	MEDICAL STUDENT	15:50	18:02
--	-----------------	-------	-------

Preparation:

<u>Preparation:</u>	<u>Site:</u>	<u>Laterality:</u>
PREPPED WITH ALCOHOL 70%	Ankle	Left
PREPPED WITH BETADINE	Ankle	Left
PREPPED WITH ALCOHOL 70%	Foot	Left
PREPPED WITH BETADINE	Foot	Left

Hair Clipped:

N/A

Positioning:

Medical Record: 780549 Exhibit(s) Page 17 of 26 Acct Number: 395350903

Admit Date: 11/23/07 Loc: 0042 Room: 451 Bed: 2

Date: 11/23/07 Surgeon: SHIM, JOSEPH Y. Room: FOR02

Positioning:	Aides:	Location:
SUPINE POSITION	ARMBOARD SAFETY BELT	BILATERAL OVER ABDOMEN

Catheters used? N

IVs:
Existing? Y Site: RIGHT ANTECUBITAL

Comments:

Drains? N

Equipment? Y

Equipment:	Location:	Skin Condition:	Setting
ESU 8	FORCE 2 VALLEYLAB SN F9B6898T	RIGHT THIGH	DRY
TOURN 3	TOURNIQUET ZIMMER ATS1500 S	LEFT THIGH	DRY
			30/30
			300MMHG

Other Equipment:Observations:

Equipment	Start time	End time	Post Op Skin Condition
ESU 8	16:22	17:45	DRY
TOURN 3	16:22	17:26	DRY

Comments:

Medications? Y

Medication:	Dose/Unit:	Time:	Route:	By:
CEFAZOLIN VIAL (ANCEF)	GM 1	16:00	IV	DR. BENHAMOU

Med. Comments:

Radiology: Y Type: C-ARM

Specimens? N

Implants? Y

Stock #: Manufacturer: Description: Catalog #:

Lot Number: Serial Number: Site: Exp Date:

Transfusion? N

Counts? Y

Sponges	Instruments	Sharps
COR	COR	COR
Scrub Person		Circulator
KAVANAGH, TRACEY , RN		PARK, SOON HO, RN

Comments:

Irrigation and Suction:

Patient Name: *LEI YUAN* Doc# 47563 Filed 09/01/09 Entered 09/02/09 11:30:25 AM Desc Sex: M
Medical Record: 78007 Exhibit(s) Page 18 of 26 Acct Number: 395350903

Admit Date: 11/23/07 Loc: 0042 Room: 451 Bed: 2
Date: 11/23/07 Surgeon: SHIM, JOSEPH Y., Room: FOR02

Irrigation Fluid Used: 300ML Suction Contents: 200ML Foley Fluid:

Case Summary:

Comments: 1/3 TUBULAR 6 HOLE PLATE 4.0 CANCELLOUS FULLY THREADED 18
THREADED 16
3.5CORTICAL SCREW 12 12 14 24
4.0 45 CANCELLOUS PARTIALLY THREADED
4.0 40 CANCELLOUS PARTIALLY THREADED USED BY DR SHIM

Discharged to: PACU Endotracheal Tube Left In?
N

Mental Status: CALM Postop STABLE

Case Comments:

Report Given to: Recovery Staff: YAHN Inpatient Floor Staff:

Circulating RN:

Sprinkler RN

FLUSHING HOSPITAL MEDICAL CENTER

ORDER SESSION PRINT

Page: 1

Pat #: 395350903 LEI, YULIANG
Attend MD: STAFF, PHYSICIAN
Entered By: AAP

LOC: 081X ER
MRN: 000780049
Date/Time: 11/23/07 / 0624

Seq#	Req Date / Time	Order Description	Prior	Freq	Code	Stop	Date
0001	11/23/07 / 0625	ANKLE XRAY, LEFT, (3VIEWS)	S				
		Ordering MD: 081111 STAFF, PHYSICIAN					

Total Number of Orders: 1

FLUSHING HOSPITAL MEDICAL CENTER

ORDER SESSION PRINT

Page: 1

Pat #: 395350903 LEI, YULIANG
Attend MD: STAFF, PHYSICIAN
Entered By: LYA

Loc: 081X ER
MRN: 000780049
Date/Time: 11/23/07 / 0653

Seq#	Req Date / Time	Order Description	Prior	Freq	Code	Stop	Date
0002	11/23/07 / 0654	CBC WITH DIFF	S				
		Ordering MD: 081111 STAFF, PHYSICIAN					
0003	11/23/07 / 0654	COMP 14 METABOLIC PANEL	S				
		Ordering MD: 081111 STAFF, PHYSICIAN					
0004	11/23/07 / 0654	PT/PTT	S				
		Ordering MD: 081111 STAFF, PHYSICIAN					
0005	11/23/07 / 0654	TYPE & SCREEN (ABO/RH,AB SCREEN)	S				
		Ordering MD: 081111 STAFF, PHYSICIAN					

Total Number of Orders: 4



45th Avenue at Parsons Blvd, Flushing, NY 11355

**FLUSHING HOSPITAL
MEDICAL CENTER**

CHART COPY

LEI, YULIANG

780049 M DOB: 08/29/1959

48Y

ADM: 11/23/2007 081X

STAFF, PHYSICIAN

01 395350903

ACCT # 395350903	MED.REC.# 780049	DATE 11/23/2007	REG. TIME 06:01	F/C 01	PTP E	MSV EMG	S.S. # ****-**-****			
LAST NAME LEI	YULIANG			D.O.B. 08/29/1959	AGE 48Y	SEX M	RACE A	REL NO	M/S U	COUNTY 61
STREET ADDRESS 136 10 LATIMER PLACE		CITY FLUSHING		STATE NY	ZIP + 4 11354	TELEPHONE (718)539-7038				
EMPLOYER UNKNOWN		EMPLOYER ADDRESS				TELEPHONE				
GUARANTOR NAME LEI, YULIANG		S. S. # ****-**-****		PT. REL. 01		TELEPHONE (718)539-7038				
GUARANTOR ADDRESS 136 10 LATIMER PLACE		CITY FLUSHING		STATE NY	ZIP + 4 11354					
GUARANTOR EMPLOYER UNKNOWN		EMPLOYER ADDRESS								
RELATIVE / EMERGENCY CONTACT UNKNOWN, UNKNOWN				PT. REL. 09		TELEPHONE (999)999-9999				
ADDRESS		CITY		STATE	ZIP + 4					
CO # 1SELF	PLAN # SELF	INS. NAME SELF PAY	SUBSCRIBER LEI, YULIANG	GRP #	AUTHORIZATION					
2										
3										
SOURCE	PT. ARRIVED VIA B	OCC CODE/DATE/TIME		PVT. MD. N/A	REG. whannifo					
PATIENT STATES ANKLE PAIN										

I AUTHORIZE AND REQUEST THE EMERGENCY DEPARTMENT AT FHMC TO PROVIDE EMERGENCY MEDICAL CARE. THIS INCLUDES ANY DIAGNOSTIC TESTS, TREATMENTS, MEDICAL AND/OR SURGICAL PROCEDURES CONSIDERED NECESSARY IN PROVIDING EMERGENCY CARE.

I AUTHORIZE FHMC AND FLUSHING EMERGENCY PRACTICE PLAN TO RELEASE ANY OR ALL MEDICAL INFORMATION RELATING TO MY TREATMENT, TO DESIGNATED THIRD PARTY PAYORS AND/OR THEIR REPRESENTATIVES, MY PHYSICIAN AND ANY DESIGNATED HEALTH CARE AGENCIES, SUCH INFORMATION AS MAY BE DEEMED NECESSARY FOR FOLLOW-UP CARE AND/OR PROCESSING OF MY HOSPITAL CLAIM. I UNDERSTAND THAT I WILL BE FINANCIALLY RESPONSIBLE FOR SERVICES RENDERED.

SIGNATURE

RELATIONSHIP

DATE

WITNESS

LABORATORY / EKG AND TO CIRCLE ORDER / NURSE CHECKS WHEN DONE/										
<input checked="" type="checkbox"/> CBC	<input type="checkbox"/> SMA-7	<input type="checkbox"/> SMA-13	<input type="checkbox"/> Amylase	<input type="checkbox"/> BHCG	<input type="checkbox"/> CPK	<input checked="" type="checkbox"/> Type & Screen	<input type="checkbox"/> RH Factor	<input type="checkbox"/> Type & Cross	Units Packed RBC	
<input type="checkbox"/> U/A	<input type="checkbox"/> UCG	<input type="checkbox"/> Urine C&S	<input type="checkbox"/> Blood Cultures #		<input type="checkbox"/> G.C.	<input type="checkbox"/> NA Probe	<input type="checkbox"/> G.C. Culture	<input type="checkbox"/> Chlamydia Probe	<input type="checkbox"/> Chlamydia Culture	<input type="checkbox"/> RPR
<input type="checkbox"/> EKG	<input type="checkbox"/> ABG	<input type="checkbox"/> Pulse Oximetry		<input type="checkbox"/> Peak Flow	<input type="checkbox"/> Fingerstick Glucose		<input type="checkbox"/> Strep Screen	<input type="checkbox"/> Wound Culture		
<input type="checkbox"/> CXR	<input type="checkbox"/> Other X-Ray	④ ankle		<input type="checkbox"/> Ultrasound			<input type="checkbox"/> CT Scan			
OTHER LAB / X-RAY										
④ PT/PTI										

MEDICATION / I.V. FLUID

DATE	TIME	M.D.	MEDICATION / FLUID	RATE or FREQ	ROUTE / SITE	DATE	TIME	R.N.
11/23/07	7AM	RC	→ Percacet 2 tabs PO x 1 INF NS 200ml/hr NPO	PO x 1	PO	11/23/07	6:25 AM	④
					IV	11/23/07	7:15 AM	④

NURSES' NOTES TIME note written AM
 PM

TIME	BP	PULSE RESP.	TEMP.	TIME BLOOD DRAWN	TYPE	TIME
				FIRST SET		
				SECOND SET		
				THIRD SET		

~~Joseph Y. Sham, M.D.~~

North Queens Orthopaedics, P.C.

56-50 Francis Lewis Blvd. Bayside, New York 11364

Tel: (718) 279-8107 Fax: (718) 279-8101

12/5/07

RE: Yu-Liang Lei

CC: Left ankle bimalleolar fracture first postoperative office visit

HPI: The patient is a 48-year-old male status post a severe left ankle fracture on the morning of 11/23/07. He started waiting with his 12-year-old son in front of Circuit City at 8 PM on Thanksgiving awaiting the store opening at 5 AM the following morning for the start of the after-Thanksgiving sale. They report that police and ambulance were already at the scene by 5 AM anticipating possible crowd control problems. As the store opened, employees began handing out fliers causing the crowd to go out of control. The patient and his son were both pushed aside and trampled. He was brought by ambulance to the emergency room at Flushing Hospital Medical Center, and I was consulted for orthopedic evaluation and treatment. X-rays revealed a displaced bimalleolar ankle fracture. He underwent ORIF of the bimalleolar ankle fracture later that same day. He tolerated the surgery well, and he was discharged home soon thereafter. He has no complaints, and he presents for suture removal.

PMH: None.

PSH: As above.

Meds: None.

Allergies: No known drug allergies.

FH: Noncontributory.

SH: He lives with his wife, mother, and two children. He is employed full-time in watch repair and warehousing. The job involves significant standing and walking, and he has been unable to work since the ankle fracture. He has smoked one pack per day for 30 years. He drinks alcohol approximately once a month.

ROS: Noncontributory. No previous history of significant left ankle fractures or sprains. His present left ankle fracture is causally related to being pushed and trampled on the morning of 11/23/07.

PE: Well developed, well nourished male in no acute distress. He ambulates with crutches non-weightbearing on the left lower extremity.

Examination of the left ankle reveals a short leg plaster splint to be intact. It was removed. The medial and lateral surgical incisions are healing well with no drainage or

Exhibit: P. Shim, M.D.

North Queens Orthopaedics, P.C.
56-50 Francis Lewis Blvd. Bayside, New York 11364
Tel: (718) 279-8107 Fax: (718) 279-8101

12/5/07

RE: Yu-Liang Lei

erythema. The nylon sutures were removed. The foot remains moderately swollen but well perfused and sensate.

Procedure: A short leg fiberglass walking cast was applied with the ankle in neutral position. He was prescribed a cast shoe.

Radiologic Studies: AP, lateral, and mortise x-rays of the left ankle were taken in the short leg cast. The Weber B lateral malleolus fracture and transverse medial malleolus fracture remain well reduced with hardware intact. The ankle mortise is restored.

A/P: 48-year-old male status post a left ankle displaced bimalleolar fracture requiring surgical fixation on 11/23/07. He was instructed to keep the cast clean and dry. He may begin touchdown weight-bearing on the left lower extremity with crutches. He may advance to weight-bearing as tolerated four weeks postoperatively. He should keep the left leg elevated as much as possible when not walking. Follow-up in 4 weeks for cast removal, repeat examination, and x-ray. If the cast become significantly loose in the interim with resolution of swelling, he should follow-up sooner for a cast change. He will be unable to work requiring significant standing and walking for approximately two more months.



Joseph Y. Shim, M.D.

Joseph Y. Shim, M.D.

North Queens Orthopaedics, P.C.

56-50 Francis Lewis Blvd. Bayside, NY 11364

Tel: (718) 279-8107 Fax: (718) 279-8101

Date: 2/29/2008

RE: Lei, Yu Liang

CC: @ankle bimall fo 11/23/07.

HPI: s/p ORIF 11/23/07. SC removed 12/28/07. Did not have formal PT but he continued home exercises. Still has signif limited walking ability. Not yet returned to work requiring standing for 9 hours.

PE: Amb \pm single crutch signif favoring QL5.

• Ankle visiting well healed. Still reports med > lat ankle discomfort with WB. DF 15° PF 30°. In subtalar motion \approx 50%.

Radiologic Studies: AP/lateral/mortise xR Ankle reveals non/lat hardware intact. Fractures well reduced. Fr lines not obviously visible. Ankle mortise intact.

Procedure: S

AP: 48yo ♂ > 3 months s/p ORIF Ankle bimall fo. Patient again strongly advised to have physical therapy for Ankle Air/strengthening. Amb WBAT wearing crutch. 2-3x/wk for 2 months. F/u 6 weeks.


Joseph Y. Shim M.D.

Joseph Y. Shim, M. D.

North Queens Orthopaedics, P. C.

56-30 Francis Lewis Blvd. Bayside, NY 11364

Tel: (718) 279-8107 Fax: (718) 279-8101

Date: 4/11/2008

RE: Lei, Yu Liang

CC: Cunkle bivalley 11/23/07.

HPI: S/p okTF 11/23/07. SL removed after op. Last seen 2/29/08. Had PT 5x/week x 12 times. Now has PT 2x/week = gradual improvement. His job was held for him for 3 months then he was replaced. He is looking for new work. Wants note clearing him for work.

PE: Amb fairly well min. favoring LLE. No catch early 3/08.

Reports difficulty walking faster and longer distances.
Cunkle moving well healed. No pain/tenderness. Difficult to sit discomfort p. Walking - RF 15°/LF 35°. Subst heel when slightly bent over L vs R.

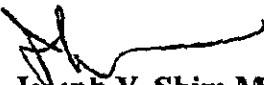
Radiologic Studies: O

Procedure: O

AP: 48yo ♂ 4 1/2 months s/p okTF Cunkle bivalley 11/23/07.

He was written a note allowing return to work 4/21/08 as tolerated.

Continue ambule R/R/strong bending. Continue PT 2x/week under direction of Dr. B. Soles. F/u 6 weeks


Joseph Y. Shim M. D.

B. R. Sales, M.D., P.C
136-75 37th Ave #11
Flushing, NY 11354
Tel. (718) 886-6088

INITIAL CONSULTATION

Patient Name: LEI YU LIN
Date of Accident: 11/23/07
Date of Examination: 3/3/08

CHIEF COMPLAINTS:

The patient is a 49 year old, male/female who was involved in a motor vehicle accident on 11/23/07. The patient was a/an restrained/unrestrained driver/front-back seat passenger/pedestrian. The vehicle the patient was in was hit from the front-rear end/right-left side. There was no loss of consciousness however patient states that on impact, she/he was thrown in various direction and sustained injuries to his/her neck, low back, and

ST WU INSIDE A STOPPING VEHICLE IN A CROWDED LINE. HE WAS PUNCHED.
& FELL & BROKE THE LEFT ANKLE.

The patient did/did not seek medical attention at the time of the accident and proceeded to rest at home.

She/he was taken via private vehicle/via ambulance to FLUSHING MEDICAL CENTER Hospital. At the hospital, X-rays of the L LOWER were taken, which revealed no fracture/fractures. The patient was observed for some time, and ultimately released to home. IT HAD SURGERY & DISCHARGED AFTER 2 DAYS.

Since the accident, the patient had been experiencing new onset of the following:

- Constant/Intermittent, diffuse pounding headaches
- Dizziness, blurred vision, nausea, ringing in the ears
- Impaired ability to concentrate and forgetfulness, irritability
- Insomnia, nightmares, inability to find comfortable position in the bed
- Fear of driving/riding in a car/of crossing a street
- Constant/intermittent neck pain and stiffness with radiation to
- Constant/intermittent upper/middle back pain and stiffness
- Constant/intermittent lower back pain with radiation to
- Constant/intermittent weakness in the right/left arm, right/left leg
- Constant/intermittent numbness/tingling, muscle cramps in the right/left arm, leg
- Constant/intermittent pain in

(L) DISTAL LEG & ANKLE SWELLING PAINFUL -